



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2499

<b>SERIAL NUMBER</b> 09/807,703	<b>FILING DATE</b> 04/17/2001 <b>RULE</b>	<b>CLASS</b> 380	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> 450101-02653
<b>APPLICANTS</b> Tomoyuki Asano, Kanagawa, JAPAN; Yoshitomo Osawa, Kanagawa, JAPAN; Motoki Kato, Kanagawa, JAPAN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP00/05482 08/16/2000				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 11-234368 08/20/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 92
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 14		
<b>ADDRESS</b> William S Frommer c/o Frommer Lawrence & Haug 745 Fifth Avenue New York, NY 10151				
<b>TITLE</b> Information recording/reproducing device				
<b>FILING FEE RECEIVED</b> 3036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 807703	RECEIPT DATE:	04 / 17 / 01
IA NUMBER:	PCT/ JP00 / 05482	IA FILING DATE:	08 / 16 / 00
FAMILY NAME:	ASANO	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	TOMOYUKI	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	08 / 20 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	450101-02653	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: WILLIAM S FROMMER

STREET: 745 FIFTH AVENUE

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10151

EMAIL:

APPLICATION TITLES:

INFORMATION RECORDING AND OR REPRODUCING APPARATUS

TAB TO LAST POSITION,PUSH SEND